## Children's Program Division Addendum Form

CAMD		hild is registering for.)	Control of the Contro			Ī	PR	r	S			
CAMP	CASA	Before School	Bass - 1/0 21			G	OUNTY OF	LOUB	OUN			
		Parent/Guardian:										
Child:			Enrollment Date	Enrollment Date		Start Date			End Date			
Program Location:		Camp Sessions:			3	4	5	6	7	8		
FLEASES	(Please Initial)		CAMP SHIRT:	CHILD_	_SM_	_L	ADUL	TS_	M_	_L_	_XL_	_XXL
THE RESERVE AND ADDRESS OF THE PARTY OF THE	CY MEDICAL F	RELEASE				-						
		erious illness, I give pern	nission for LCPR	CS staff	to obtain	medica	l treatme	ent for	r mv	child	Lun	dersta
hat if my ch	ild needs to be trai	nsported to an emergency	facility, that decis	sion will l	e made	by the e	mergenc	v tean	n resp	ondir	g to	the ca
In the ev	ent of injury or se	erious illness, I do not give	e permission for I	CPRCS	staff to o	btain m	edical tre	eatme	nt for	my c	hild.	Instea
	PRCS staff to		•									
	APHIC RELEAS											
		ission to LCPRCS to use						1 orde	r to in	ncreas	se cor	nmun
		ns and in any and all publ	ications and other	media w	ithout lis	nitation.						
	P/SWIMMING F				~					773		
		mission for my child to p										
		p locations of trips. I und										
during neid	trip time. Child's	swimming level:Be	eginner (Only in	snallow i	eveis, no	ot past si	noulders,	)	_Av	erage	(MIC	secti
	RELEASE	anced (All areas). Comm	ient:								-	
		e County of Loudoun of a	ny raenoneihility	for any	ocident	or injum	to my	shild a	VE COM	ead h	.,	child
		olved. Furthermore, I und										
		n and that <i>LCPRCS</i> will n										
		provided by Loudoun Cou		ioi iiij c	iiid wiic	ii iic siic	15 11410		dila		uii) L	,0110
THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	ENT (Please sign below)	,.					OCCUPATION OF			-	
Married Street, or other Designation of the Control	ALCOHOLOGICAL PROPERTY AND ADDRESS OF THE PARTY OF THE PA	m will be delayed when so	chool is delayed:	there is n	o CASA	when s	chool is	closed	or cl	oses (	arly	***
		ision's (CPD) licensed pro						ciosca	or or	0363	uity.	
		ield trips may be part of pr						dates	, dest	inatio	ns, tir	mes,
		or Camp field trips there is										0.0000
	may be included,							-	****			
		but limited to both G and	I O lawd movies.	Company of the Company								
5. You mu	ist notify the progr	ram within 24 hours if any			Commu	nicable	Disease.	Prior	to re	turnir	ig to	any
			one in the housel	nold has a					to re	turnir	ig to	any
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Signature of Parent or Guardian

Proof of Age and Residency

Date \_\_\_\_

Reviewed by\_\_\_\_\_